

REQUEST FOR EMPLOYEE RELOCATION Civilian

Center, Institute, or Office (CIO):		Travel Order Number:
Division:		CIO TRC Name:
Employee's Name:		Social Security Number:
Job Title:	_	Office Park:
Type:	New hire employee	Transfer from another federal agency
(check one)	☐ Long-term training	Current federal employee (transferring within CDC)
Relocating From:		
Relocating To:		
Effective Date:		
Immediate Supervisor at New Location:		
Current Home Address:		
Mailing Address:		
Home Phone Number:		Work Phone Number:
Mobile Number:		Fax Number:
Email Address:		
	Appropriation:	FY of Appropriation:
Funding Information:	CAN:	Service Fee CAN
	Interagency Agreement	Number: 2051IA06-24
For Approving Officials:	(<i>Transfer Employees Only</i>) If you have authorized any of the following discretionary items for the traveler, check each in the list below: ☐ House hunting, per diem and transportation - ☐ Cash/travel card advance ☐ Temporary Quarters Subsistence Expense (TQSE) - ☐ Cash/travel card advance ☐ Use of multiple POVs ☐ Shipment of POV, mobile home, or boat ☐ Relocation services ☐ Home marketing incentives ☐ Property management services	
Division Approval:	Signature of Division Approving Official	
TI		
	Name:	Title:
CIO Approval:	Signature of CIO Approving Official	
	Name:	Title:

Please complete this form and send it to Bureau of Public Debt (BPD) to begin processing your move: